Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL FOR FY 2009  Application Number    Complete if Known	Under the Paperwork Reduct	ion Act of 199	5 no persons are re	quired to re	spond to a collectio	n of infon	mation unless it displ	ays a valid OMB control number	
FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  TOTAL AMOUNT ON PAYMENT  TOTAL AMOUNT OF PAYMENT  TOTAL AMOUNT ON PAYMENT  TOTAL AMOUNT	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act 2005 (H.P. 4818)				Complete if Known				
FOR FY 2009    First Named Inventor   Gregory H. Altman   Examiner Name   David M. Naff   At Unit   1657   A					Application Number 10/8		10/800,134	)/800,134	
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 580.00   Attorney Docket No. 032794-054911-CIP   METHOD OF PAYMENT (check all that apply)					Filing Date 03/1		03/11/2004	3/11/2004	
And Unit   1657	For FY 2009				First Named Inventor Gre-		Gregory H. Altn	regory H. Altman	
TOTAL AMOUNT OF PAYMENT (\$) 580.00 Attorney Docket No. 032794-054911-CIP  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: Depos	Applicant claims small entity status. See 37 CER 1 27				Examiner Name Davi		David M. Naff	avid M. Naff	
METHOD OF PAYMENT (check all that apply)					Art Unit 165		1657	57	
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number:	TOTAL AMOUNT OF PAYMENT (\$) 580.00			Attorney Docket No. 032794-054911-CIP					
Deposit Account Deposit Account Number Deposit Account Number Deposit Account Number For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Warring far (charge fee(s)) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)  Warring far (charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARRING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity  Application Type Fee (5) Fee (5) Fee (5) Fee (5) Fee (6) Fee	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):								
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee	✓ Deposit Account	Deposit Accou	nt Number:		Deposit A	ccount Na	ame:		
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	For the above-ident								
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	✓ Charge fee(s	Charge fee(s) indicated below Charge fee(s) indicated below except for the filling fee							
WARRING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    Application Type	Charge any	additional fee	e(s) or underpaym	ents of fe	🖃			,	
Information and authorization on PTO-2038.	under 37 CF	R 1.16 and 1	.17		- U Orean			Provide credit card	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (s) Fee (	information and authorization	on PTO-203	ecome public. Gre 3.	an cara mi	ormadon should n	ot be inc	nadea on this form.	Provide credit card	
SEARCH FEES   SMANUATION FE	FEE CALCULATION								
Mapplication Type	1. BASIC FILING, SEA			I FEES					
Application Type				SEAR		EXA		3	
Utility 330 165 540 270 220 110	Application Type	Fee (\$)		Fee (\$		Fee		Fees Paid (\$)	
Plant   220   110   330   165   170   85	Utility	330		540		220			
Reissue 330 165 540 270 650 325	Design	220	110	100	50	140	70		
Provisional 220 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	220	110	330	165	170	85		
2. EXCESS CLAIM FEEL   Fee Description   Fee Osciliarity   Fee Os	Reissue	330	165	540	270	650	325		
Fee   Si   Fee	Provisional	220	110	0	0		0 0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (5)  Fee Paid (5)	2. EXCESS CLAIM FEES Small Entity								
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  -20 or IP=  Extra Claims  -20 or IP=  Extra Claims  Fee (5)  Fee Paid (5)  HP = highest number of total aliams paid for, it greater than 20.  Indep. Claims  HP = highest number of the paid for, it greater than 20.  HP = highest number of the paid for, it greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.26(e), the application size fee due is \$270 (\$135 for small entity) for each additional 50 or sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  -100:  Extra Sheets  Number of each additional 50 or fraction thereof.  50:  Fee Paid (5)		Caralla dia a T	2-:						
Multiple dependent claims  Total Claims 20 or HP = Extra Claims   Fee (\$)   Fee Paid (\$)    HP = higher moment of total claims paid for, if greater than 20.  Indep. Claims   Starta Claims   Fee (\$)   Fee Paid (\$)    HP = higher moment of total claims paid for, if greater than 20.  Indep. Claims   Starta Claims   Fee (\$)   Fee Paid (\$)    HP = higher moment of total claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.25(e), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CPR 1.16(e).  Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    100   Starta Sheets   Four Paid (\$)   Fee Paid (\$)    Non-English Specification, \$130 fee (no small entity discount)				oneo)					
- 20 or HP =   x   x   Fee   F			(mending rees	sucs)					
HP = highest number of total dalms paid for, if greater than 20.  Index_Claims							Multiple	Dependent Claims	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CPR 1.16(s).  Total Sheets  100 Extra Sheets  100 (round up to a whole number) x  Fee (\$) Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)							Fee (\$)	Fee Paid (\$)	
- 3 or HP = "  The * highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100*									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  -100	3 or HP =x=								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.5(e), the application size fee due is \$270 (8135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.s.C. 41(e)(1)(G) and 37 CFR 1.16(s).  Total Sheets    Sumber of each additional 50 or fraction thereof   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$\$) =   Fee Paid (\$\$)	HP = highest number of independent claims paid for, if greater than 3.								
listings under 37 CFR 1.52(e), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(g) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof.  - 100 =									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Sumber of each additional \$90 or fraction thereof  100 - 100									
- 100 =	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Notice of Appeal \$270: 3 Mos X of Time \$310 (2 Mos Paid Previously) 580.00									
	Other (e.g., late filin	g surcharg	Notice of Appe	al \$270; 3	Mos X of Time \$	310 (2	Mos Paid Previous	sly) 580.00	

SUBMITTED BY							
Signature	/Shayne Y. Huff/	Registration No. (Attorney/Agent) 44,784	Telephone (617) 345-1059				
Name (Print/Type)	Shayne Y. Huff		Date 06/04/2009				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you required to complete this form and/or suggestions for reducing this burder, studied be sent to the filter marked or supplementation (Clinic, U.S. Department of Clinic, U.S. Department of Cli ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.